

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009669

FILED
Apr 28, 2008
Secretary of State

Entity Name: ABLE ACADEMY, INC.

Current Principal Place of Business:

3227 HORSESHOE DRIVE SOUTH
SUITE 111
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

6055 SEA GRASS LANE
NAPLES, FL 34116

New Mailing Address:

FEI Number: 20-3571795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNWALL, COLLEEN D
6055 SEA GRASS LANE
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORNWALL, COLLEEN D
Address: 6055 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: CORNWALL, JOSHUA W
Address: 6055 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: DUGGAN, RICHARD S
Address: 6035 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN CORNWALL

DIR

04/28/2008

Electronic Signature of Signing Officer or Director

Date